

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5675

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>5885</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Barren Fork</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Barren Fork</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Charles Stephen Foster</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29, 1949</u>			
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 24</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mammoth Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Mahan</u>		14. NAME OF HUSBAND OR WIFE <u>May Foster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>May Foster</u>		ADDRESS <u>Noble, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 hr</u> <u>4 hr</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-25</u> , 19 <u>48</u> , to <u>1-29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>49</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M J Joerman</u>		23b. ADDRESS <u>500 - Gainesville, Mo</u>		23c. DATE SIGNED <u>2-3-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mammoth</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-5-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Cogswell</u>		405 25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Keller</u>		ADDRESS <u>Wm Keller</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

349-212

3/5/49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Denver Rolley

Licensed Embalmer No. *4006*

P. O. Address *Min. Home Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.